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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 5688

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|---|---|----------------------------|-------------------------|-------------------------------------|-----------------------------------|---|--|--|--------------------------------------|---------------------------------------|
| SERIAL NUMBER 09/981,431 | FILING DATE 10/16/2001 RULE | CLASS 134 | GROUP ART UNIT 1746 | ATTORNEY DOCKET NO. MTI-31555 | | | | | | |
| <p>APPLICANTS</p> <p>Michael T. Andreas, Boise, ID;</p> <p>** CONTINUING DATA <i>MK (NONE)</i></p> <p>** FOREIGN APPLICATIONS <i>MK (NONE)</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/15/2001</p> | | | | | | | | | | |
| <p>Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</p> <p>Verified and Acknowledged</p> | | <p>STATE OR COUNTRY ID</p> | <p>SHEETS DRAWING 1</p> | <p>TOTAL CLAIMS 138</p> | <p>INDEPENDENT CLAIMS 21</p> | | | | | |
| <p>ADDRESS</p> <p>31870 WHYTE HIRSCHBOECK DUDEK S.C. 555 EAST WELLS STREET SUITE 1900 MILWAUKEE, WI 53202</p> | | | | | | | | | | |
| <p>TITLE</p> <p>CMP cleaning composition with microbial inhibitor</p> | | | | | | | | | | |
| <p>FILING FEE RECEIVED 4376</p> | <p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p> <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit _____</td> </tr> </table> | | | | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees (Filing) | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | <input type="checkbox"/> 1.18 Fees (Issue) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit _____ |
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